OIPE JC100
MAR 0 3 2004
PATENT & TRADEMARK OFFICE

1/8 J. Douglas 3/10/04 (N.E.)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)	:	Toru Mineyama
Serial No.	:	09/577,922
For	:	A RECEIVER FOR FACILITATING THE VIEWING OF PROGRAMS BY A USER (AS AMENDED)
Filed	:	May 24, 2000
Examiner	:	Michael W. Hoye
Art Unit	:	2614

RECEIVED
MAR 0 5 2004
Technology Center 2600

745 Fifth Avenue
New York, NY 10151

EXPRESS MAIL

Mailing Label Number: EV287822087US

Date of Deposit: March 3, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on the date indicated above and is addressed to: **Mail Stop AF Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

Charles Jackson

(Typed or printed name of person mailing paper or fee)

Charles Jackson

(Signature of person mailing paper or fee)

AMENDMENT AFTER FINAL

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated December 3, 2003, please amend the above-referenced application as follows:

OIPE JC10
MAR 0 3 2004
PATENT & TRADEMARK OFFICE

03040[redacted]4

AF/2700

PATENT
450100-02515

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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745 Fifth Avenue
New York NY 10151

Sir:

Transmitted herewith is an amendment in the above-identified application.

X No additional fee is required.

___ The fee has been calculated as shown below.

___ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	8	Minus	= 20	0 ×	$18(9)	= $00.00
Independent claims	1	Minus	= 3	0 ×	$86(43)	= 00.00
			Total additional fee for this amendment			$00.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

___ This application contains a multiple dependent claim. The required fee of $290 ($145) has been previously paid _, or is paid herewith _.

☐ This response is being field within the _month following the expiration of the term originally set therefor. This is a petition to request a _-month extension of time. A check covering the cost of the petition is enclosed.

☐ A check in the amount of $0.00 is attached, which covers the cost of ☐ additional claims ☐ petition for extension of time.

_ Charge $_ to Deposit Account No. 50-0320.

X Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Charles Jackson

(Typed or printed name of person mailing paper or fee)

Charles Jackson

(Signature of person mailing paper or fee)

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant(s)

By: Dennis M. Smid
Reg. No. 34,930
Tel. (212) 588-0800

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